



**DECLARATION/  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number:	K&S-120US
First Named Inventor:	Rakesh Batish
<b>COMPLETE IF KNOWN</b>	
Application Number:	10/686,974
Filing Date:	October 16, 2003
Art Unit:	2812
Examiner Name:	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR REDUCING OR ELIMINATING SEMICONDUCTOR DEVICE WIRE SWEEP

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

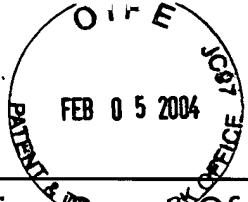
was filed on (MM/DD/YYYY) 10/16/2003 as United States Application or PCT International Application Number 10/686,974

and was amended on (MM/DD/YYYY) \_\_\_\_ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



AW (07-03)

## Declaration/~~Power~~ Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:

Practitioners at Customer Number 23122 or affix Customer Number Bar Code Label here

**OR**

Practitioner(s) named below:

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

Practitioners Customer Number listed above; **OR**

Correspondence Address Below

Name:

Address:

City:

State:

Zip:

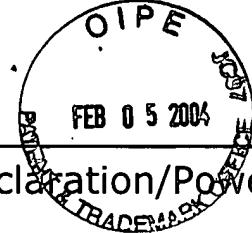
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Telephone:

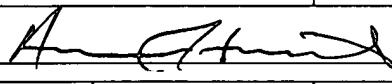
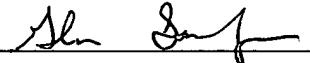
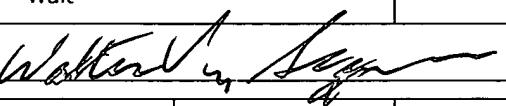
Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Rakesh		Batish	
Inventor's Signature			Date: <u>1/12/04</u>
Residence: City: Royersford	State: PA	Country: USA	Citizenship: USA
Mailing Address: 189 Abbey Drive			
Mailing Address:			
City: Royersford	State: PA	Zip: 19468	Country: USA
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			



## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

<b>Name of Second Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew F.		Hmiel	
Inventor's Signature			Date: 1/8/04
Residence: City: Glenside	State: PA	Country: USA	Citizenship: USA
Mailing Address: 2150 Wharton Drive			
Mailing Address:			
City: Glenside	State: PA	Zip: 19038	Country: USA
<b>Name of Third Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Glenn		Sandgren	
Inventor's Signature			Date: 1/12/04
Residence: City: Ambler	State: PA	Country: USA	Citizenship: USA
Mailing Address: 1340 McAuley Court			
Mailing Address:			
City: Ambler	State: PA	Zip: 19002	Country: USA
<b>Name of Fourth Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Walt		VonSeggern	
Inventor's Signature			Date: 12/30/03
Residence: City: New Hope	State: PA	Country: USA	Citizenship: USA
Mailing Address: 1936 Street Road			
Mailing Address:			
City: New Hope	State: PA	Zip: 18938	Country: USA
<input checked="" type="checkbox"/> Additional inventors are listed on 1 Supplemental Sheet(s).			

## DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
C. Scott		Kulicke	
Inventor's Signature			Date: 1/16/07
Residence: City: Fort Washington	State: PA	Country: USA	Citizenship: USA
Mailing Address: 6112 Sheaff Lane			
Mailing Address:			
City: Fort Washington	State: PA	Zip: 19034	Country: USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date: _____
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date: _____
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country: